

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **36388**
Registrar's No. **4762**

Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **JACKSON**
(b) City or town **KANSAS CITY**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2513 Bellefontaine
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **About 24 years**
years, months or days

3. (a) PRINT FULL NAME **NANCY BOLDEN**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **David Bolden** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **April 5, 1878**
(Month) (Day) (Year)

8. AGE: Years **70** Months **21** Days **13** If less than one day _____ hr. _____ min.

9. Birthplace **Unknown** (City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business _____

12. Name **Unknown**

13. Birthplace **Unknown** (City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Vivian Ferrell (Gr. - Daughter)**

(b) Address **2513 Bellefontaine**

17. (a) **Burial** (b) Date thereof **11/22/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lincoln Cemetery**

18. (a) Signature of funeral director **E. S. Stirling, Bills**

(b) Address **1212 Vine St., Kansas City, Mo.**

19. (a) **11-22-48** (b) **Stirling & Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **KANSAS CITY**
(If outside city or town limits, write "RURAL")
(d) Street No. **2513 Bellefontaine**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **18**
year **1948** hour **3** minute **35 A.**

21. I hereby certify that I attended the deceased from **Aug 12, 1946** to **Oct 14, 1948**
that I last saw him alive on **Oct 14, 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Respiratory** Duration **2 1/2 yrs**

Due to **arterial Hypertension** **2 1/2 yrs**

Due to **acute allergic dermatitis** **3 mo**

Other conditions (Include pregnancy within 3 months of death)

Major findings: **92.6**

Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place.)

While at work? _____ (e) Means of injury _____

23. Signature **M. C. Lewis** M. C. Lewis
(M. D. or other)

Address **Lincoln Bldg** Date signed **11/22/48**

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

E. Sterling Bills

Licensed Embalmer No. 3178

P. O. Address 1212 Vine St., Kansas City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.